

A FID 08249 MI MM 02 DD 01 YYYY 2019 1 19-0318 <div style="border: 1px solid black; padding: 2px; display: inline-block;">MUTUAL AID FROM WESTLAND</div> 0		NFIRS-1 Basic
FID State Incident Date Station Incident Number Exposure		
B Location Type <input checked="" type="checkbox"/> Street address Intersection 5625 Lincoln In front of Rear of Adjacent to Directions US National Grid		
Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.		
Census Tract 5669 - 00 Number/Milepost Prefix Street or Highway Street Type Suffix Apt./Suite/Room City State Zip Code Cross Street, Directions or National Grid, as applicable		
C Incident Type 424 Carbon monoxide incident	E1 Dates and Times Check boxes if dates are the same as Alarm Date. Alarm Month 02 Day 01 Year 2019 Hour 18:48:00 Arrival Month 02 Day 01 Year 2019 Hour 18:56:00 Controlled Last Unit Cleared Month 02 Day 02 Year 2019 Hour 03:01:00	E2 Shifts and Alarms Local Option C 1 Shift or Platoon Alarm District E3 Special Studies Local Option Special Study ID# Special Study Value
D Aid Given or Received 1 <input checked="" type="checkbox"/> Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N None	FID - Dept 08251 - Westland FD Check box if resources counts include aid received resources.	
F Actions Taken 22 Rescue, remove from harm Primary Action Taken (1) 40 Hazardous condition, other Additional Action Taken (2) 84 Refer to proper authority Additional Action Taken (3)	G1 Resources <input checked="" type="checkbox"/> Check this box and test this block if an Apparatus or Personnel Module is used. Apparatus 3 Personnel 8 Suppression EMS 1 2 Other 0 0	G2 Estimated Dollar Losses and Values LOSSES Required for all fires if known. None Property \$ 0 X Contents \$ 0 X PRE-INCIDENT VALUE: optional Property \$ Contents \$
Completed Modules Fire-2 Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 <input checked="" type="checkbox"/> EMS-6 <input checked="" type="checkbox"/> HazMat-7 WildLand Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 Arson-11	H1 Casualties Death Injury Fire Service 0 0 Civilian H2 Detector 1 Detector alerted occupants 2 Detector did not alert occupants U <input checked="" type="checkbox"/> Unknown	
H3 Hazardous Materials Release 0 Special HazMat actions required or spill >= 55 gal. 1 Natural gas: slow leak, no evac. or HazMat actions 2 Propane gas - Less than a 21 lb. tank 3 Gasoline - vehicle fuel tank or portable container 4 Kerosene - fuel-burning equipment/portable storage 5 Diesel fuel/fuel oil - vehicle fuel tank/portable 6 Household/office solvent or chemical spill 7 Motor oil - from engine or portable container 8 Paint - spills less than 55 gallons N None		
I Mixed Use Property 00 Mixed use, other 10 Assembly use 20 Educational use 33 Medical use 40 Residential use 51 Row of stores 63 Enclosed mall 58 Business and residential use 59 Office use 60 Industrial use 63 Military use 65 Farm use NN Not mixed use		

J Property Use					
Structures		341	Clinic, clinic-type infirmary	539	Household goods, sales, repairs
131	Church, mosque, synagogue, temple, chapel	342	Doctor, dentist or oral surgeon office	571	Service station, gas station
161	Restaurant or cafeteria	361	Jail, prison (not juvenile)	579	Motor vehicle or boat sales, services, repair
162	Bar or nightclub	419	1 or 2 family dwelling	599	Business office
213	Elementary school, including kindergarten	429	<input checked="" type="checkbox"/> Multifamily dwelling	615	Electric-generating plant
215	High school/junior high school/middle school	439	Boarding/rooming house, residential hotels	629	Laboratory or science laboratory
241	Adult education center, college classroom	449	Hotel/motel, commercial	700	Manufacturing, processing
311	24-hour care Nursing homes, 4 or more persons	459	Residential board and care	810	Livestock, poultry storage
331	Hospital - medical or psychiatric	469	Barracks, dormitory	882	Parking garage, general vehicle
		519	Food and beverage sales, grocery store	891	Warehouse
Outside		938	Vacant lot	981	Construction site
124	Playground	938	Graded and cared-for plots of land	984	Industrial plant yard - area
655	Crops or orchard	945	Lake, river, stream		
689	Forest, timberland, woodland	951	Railroad right-of-way		
807	Outside material storage area	960	Street, other		
919	Dump, sanitary landfill	961	Highway or divided highway		
931	Open land or field	962	Residential street, road or residential driveway		

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

Property Use Code: **429**

Property Use Description: **Multifamily dwelling**

K1 Person/Entity Involved

Local Option: ☐ Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

Business Name (if Applicable): _____ Area Code: _____ Phone Number: _____

Mr., Ms., Mrs. First Name: **Anthony** MI: _____ Last Name: **Fleming** Suffix: _____

Number: **5625** Prefix: _____ Street or Highway: **Lincoln** Street Type: _____ Suffix: _____

Post Office Box: _____ Apt/Suite/Room: _____ City: **Wayne**

State: **MI** Zip Code: **48184**

K2 Owner

Some as person involved? ☐ Then check this box and skip the rest of this block.

Local Option: ☐ Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

Business Name (if Applicable): _____ Area Code: _____ Phone Number: _____

Mr., Ms., Mrs. First Name: **Anthony** MI: _____ Last Name: **Fleming** Suffix: _____

Number: **5625** Prefix: _____ Street or Highway: **Lincoln** Street Type: _____ Suffix: _____

Post Office Box: _____ Apt/Suite/Room: _____ City: **Wayne**

State: **MI** Zip Code: **48184**

M Authorization

Officer in charge ID: 36	Signature: Andrew Stager	Position or rank: Capt	Assignment: _____	Month: 02	Day: 02	Year: 2019
Member Making report ID: 56	Signature: Jason Reeves	Position or rank: Lieutenant/Paramedic	Assignment: _____	Month: 02	Day: 02	Year: 2019

L Remarks
Local Option

Station 5 was dispatched to the above location, PD on scene with a possible CO incident [REDACTED]. Upon arrival E5 and R5 met Wayne PD at the Bravo side door wall which was in the open position. PD advised FD of [REDACTED] in the bedroom on the 2nd floor. FD took initial CO readings on the RKI 2012 (4) gas monitor and found over 100 PPM within the first 12" into the structure and no audible alarms sounding from the residence. Crews made entry for rapid extrication of patient. Female victim was [REDACTED]. Initial air monitoring of upstairs bedroom showed levels over the capability of the RKI monitor (in excess of 500 PPM).

R5 crew performed primary search of 1st floor and basement locating a male victim in the basement [REDACTED]. Initial air monitoring of basement showed levels of 134 PPM. Male victim [REDACTED]. Patient was treated and then transported to Beaumont Wayne Hospital. See EMS report for more detail.

Structure was secured by Wayne PD and Wayne FD. Air monitoring was conducted of the entire unit revealing high CO readings throughout, some areas in excess of the capabilities of the air monitor. Thermostat turned off, doors and windows were opened and the structure was ventilated using passive horizontal ventilation. Once CO readings were at safe levels entry was made again to obtain an EKG on female victim. Beaumont Wayne Hospital was contacted for Time of death. See EMS report for more detail. (Reference Wayne PD incident #19-1420)

FD checked the adjoining unit (5629 Lincoln) for presence of CO. Positive readings were found in the 50ppm range, no CO detector was present in the home. The thermostat was turned off and the home was ventilated until no further CO readings were noted.

It was then determined the other 2 units in that building also needed to be checked for CO. 5637 Lincoln, 2 units south of incident location, checked, FD found no CO readings. 3rd unit south of incident location, 5645 Lincoln, residents were not home, maintenance unlocked the door for FD access. Initial CO readings were as follows: 1st floor were 30 ppm, 2nd floor CO readings were 54 ppm and basement CO levels were 168 ppm (with basement door closed at the top of the stairs). No CO detector was noted. Thermostat turned down, power was turned off to boiler along with natural gas. Pilot on hot water heater turned to off position and circuit breaker for boiler was turned off as well. Residence was ventilated until CO readings were zero, residence secured and left in care of maintenance.

With high CO readings in 3 out of 4 units in that particular building, FD was concerned of a complex wide CO issue. Speaking with maintenance staff, they could not advise if every unit was equipped with a CO detector. Further discussion with maintenance revealed the complex was having issues with the tops of chimneys icing up due to the extremely cold temperatures. Investigation of various roof tops showed signs of icing on various chimneys.

Due to positive CO readings and lack of CO detectors in the units of the initial building the decision was made to inspect each unit in the complex for CO to assure no further life safety hazard existed. A command post was established at the leasing office, all off duty personnel were called in as well as additional resources requested from Consumers Energy, Westland FD, Wayne PD, Inkster PD and Garden City PD. Teams of 2 personnel (1 FD and 1 PD) were assembled and given air monitors to conduct a door to door sweep of every unit in the complex. Each team was assigned buildings in the complex and advised to report back to command of any CO readings and the location. Consumers Energy arrived on scene at 2338 hours (work order #1047517334).

Air sampling was conducted for the presence of CO in every unit in the complex. Any residence with positive readings, thermostats were turned off and the residents were evacuated. A temporary shelter for displaced residents was established in the leasing office. Any unit in which there was no answer, entry was made with the assistance of maintenance.

Once all 267 units within the complex were inspected, all units with a positive reading for CO were documented and a full list was provided to management. A debriefing was then held with FD command, complex management, PD and consumers. A plan was then formulated on how to mitigate the situation and get residents back in their homes.

Management brought in chimney contractors to clear ice from around the chimney preventing ice obstructions that were identified as a possible contributing factor to CO levels. Consumer's energy remained on scene to work with management, maintenance and the contractors to restore heat to units and assure no further CO dangers existed.

Once it was determined there was no longer a life safety hazard and the mitigation plan was implemented, incident was terminated, turning the scene over to management and Consumers.

Please see additional narrative for a list of units with positive CO readings.

AJS

A	08249	MI	MM 02	DD 01	YYYY 2019	1	19-0318 MUTUAL AID FROM WESTLAND	0	NFIRS-6 EMS
	FDID	State	Incident Date	Station	Incident Number	Exposure			

B Number of Patients <input type="text" value="2"/> <small>Use a separate form for each patient</small>	Patient Number <input type="text" value="1"/>	C Date/Time <input checked="" type="checkbox"/> Time Arrived at Patient <input type="text" value="02/01/2019"/> <input type="text" value="1859"/> <small>Check if same date as Alarm date</small> Time of Patient Transfer <input type="text"/> <input type="text"/>
D Provider Impression/Assessment		
00 Impression/assessment, other 10 Abdominal pain 11 Airway obstruction 12 Allergic reaction, excludes stings & venomous bite 13 Altered level of consciousness 14 Behavioral - mental status, psychiatric disorder 15 Burns 16 Cardiac arrest	17 Cardiac dysrhythmia 18 Chest pain 19 Diabetic symptom 20 Do not resuscitate 21 Electrocutation 22 General illness 23 Hemorrhaging/bleeding 24 Hyperthermia	25 Hypothermia 26 Hypovolemia 27 Inhalation injury, toxic gases 28 <input checked="" type="checkbox"/> Obvious death 29 Overdose/poisoning 30 Pregnancy/OB 31 Respiratory arrest 32 Respiratory distress 33 Seizure 34 Apparent sexual assault 35 Stings/bites 36 Stroke/CVA 37 Syncope, fainting 38 Trauma NN None/no patient or refused treatment

E1 Age or Date of Birth <input type="text" value="65"/> Months (for infants) Age OR <input type="text" value="12/01/1953"/> Month/Day/Year	F1 Race 0 Other, includes multiracial 1 White 2 <input checked="" type="checkbox"/> Black or African American 3 American Indian or Alaska native 4 Asian 5 Native Hawaiian or other Pacific Islander U Undetermined	G1 Human Factors Contributing to Injury <small>Check all applicable boxes</small> 1 Asleep, no known impairment 2 Unconscious 3 Possibly impaired by alcohol 4 Possibly impaired by other drug or chemical 5 Possibly mentally disabled 6 Physically disabled 7 Physically restrained 8 Unattended or unsupervised person N <input checked="" type="checkbox"/> None	G2 Other Factors <small>If an illness, not an injury skip to G2 and go to H3</small> 1 <input checked="" type="checkbox"/> Accidental 2 Self-inflicted 3 Inflicted, not self-inflicted N None
E2 Gender 1 Male 2 <input checked="" type="checkbox"/> Female			
F2 Ethnicity 0 <input checked="" type="checkbox"/> Non Hispanic or Latino 1 Hispanic or Latino			

H1 Body Site of Injury <small>List up to five body sites</small> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	H2 Injury Type <small>List one injury site for each body site listed under H1</small> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	H3 Cause of Illness/Injury <input type="text" value="00"/> <small>Cause of illness/injury</small> Cause, other <input type="text"/>
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I Procedure Used <small>List up to five procedures</small> 00 Procedures used, other 01 Airway insertion 02 Anti-shock trousers 03 Assisted ventilation 04 Bleeding control 05 Burn care 06 Cardiac pacing 07 Cardioversion (defib), manual 08 Chest/abdominal thrust 09 CPR 10 Cricothyroidotomy 11 Defibrillation by AED 12 <input checked="" type="checkbox"/> EKG monitoring 13 Extrication 14 Intubation (EGTA) 15 Intubation (ET) 16 IO/IV therapy 17 Medications therapy 18 Oxygen therapy 19 Obstetrical care/delivery 20 Prearrival instructions 21 Restrained patient 22 Spinal immobilization 23 Splinted extremities 24 Suction/aspirate NN No treatment	J Safety Equipment <small>Used or deployed by patient. Check all applicable boxes.</small> 0 Safety equipment, other 1 Safety, seat belts 2 Child safety seat 3 Airbag 4 Helmet 5 Protective clothing 6 Flotation device N <input checked="" type="checkbox"/> None U Undetermined
K Cardiac Arrest <small>Check all applicable boxes</small> If pre-arrival arrest, was it: 1 Witnessed 2 Bystander CPR 2 Post arrival arrest Initial Arrest Rhythm 0 <input type="text"/> 1 V-Fib/V-Tach U Undetermined	

L1 Initial Level of Provider 0 Other health care provider 1 First responder 2 EMT-B (Basic) 3 EMT-I (Intermediate) 4 <input checked="" type="checkbox"/> EMT-P (Paramedic) N No training	L2 Highest Level of Care Provided on Scene 0 Other health care provider 1 First responder 2 EMT-B (Basic) 3 EMT-I (Intermediate) 4 <input checked="" type="checkbox"/> EMT-P (Paramedic) N No care provided	M Patient Status 1 Improved 2 Remained same <input type="text"/> <small>Check it:</small> 1 Pulse on transfer <input type="text"/>	N EMS Disposition 0 Other 1 FD transport to emergency care facility (ECF) 2 Non-FD transport 3 Non-FD transport with FD attendant 4 Non-emergency transfer N <input checked="" type="checkbox"/> Not transported under EMS
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A	08249	MI	MM 02	DD 01	YYYY 2019	1	19-0318 MUTUAL AID FROM WESTLAND	0	NFIRS-6 EMS
FDID	State	Incident Date	Station	Incident Number	Exposure				

B Number of Patients <input type="text" value="2"/> <small>Use a separate form for each patient</small>	Patient Number <input type="text" value="2"/>	C Date/Time	Time Arrived at Patient <input type="text" value="02/01/2019"/> <input type="text" value="1856"/>	Month/Day/Year	Hour/Minute
		<input checked="" type="checkbox"/> Check if same date as Alarm date	Time of Patient Transfer <input type="text" value="02/01/2019"/> <input type="text" value="1914"/>		
D Provider Impression/Assessment					
00 <input checked="" type="checkbox"/> Impression/assessment, other 10 Abdominal pain 11 Airway obstruction 12 Allergic reaction, excludes stings & venomous bite 13 Altered level of consciousness 14 Behavioral - mental status, psychiatric disorder 15 Burns 16 Cardiac arrest	17 Cardiac dysrhythmia 18 Chest pain 19 Diabetic symptom 20 Do not resuscitate 21 Electrocutation 22 General illness 23 Hemorrhaging/bleeding 24 Hyperthermia	25 Hypothermia 26 Hypovolemia 27 Inhalation injury, toxic gases 28 Obvious death 29 Overdose/poisoning 30 Pregnancy/OB 31 Respiratory arrest 32 Respiratory distress	33 Seizure 34 Apparent sexual assault 35 Sting/bite 36 Stroke/CVA 37 Syncope, fainting 38 Trauma NN None/no patient or refused treatment		

E1 Age or Date of Birth <input type="text" value="64"/> Months (for infants) Age OR <input type="text" value="12/02/1954"/> Month/Day/Year	F1 Race 0 Other, includes multiracial 1 White 2 <input checked="" type="checkbox"/> Black or African American 3 American Indian or Alaska native 4 Asian 5 Native Hawaiian or other Pacific Islander U Undetermined	G1 Human Factors Contributing to Injury <small>Check all applicable boxes.</small> 1 Asleep, no known impairment 2 Unconscious 3 Possibly impaired by alcohol 4 Possibly impaired by other drug or chemical 5 Possibly mentally disabled 6 Physically disabled 7 Physically restrained N Unattended or unsupervised person N <input checked="" type="checkbox"/> None	G2 Other Factors <small>If an illness, not an injury skip to G2 and go to H3</small> 1 <input checked="" type="checkbox"/> Accidental 2 Self-inflicted 3 Inflicted, not self-inflicted N None
E2 Gender 1 <input checked="" type="checkbox"/> Male 2 Female	F2 Ethnicity 0 <input checked="" type="checkbox"/> Non Hispanic or Latino 1 Hispanic or Latino		

H1 Body Site of Injury <small>List up to five body sites</small>	H2 Injury Type <small>List one injury site for each body site listed under H1</small>	H3 Cause of Illness/Injury <small>Cause of illness/injury</small>
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I Procedure Used	J Safety Equipment	K Cardiac Arrest
00 Procedures used, other 01 Airway insertion 02 Anti-shock trousers 03 Assisted ventilation 04 Bleeding control 05 Burn care 06 Cardiac pacing 07 Cardioversion (defib), manual 08 Chest/abdominal thrust 09 CPR 10 Cricothyroidotomy 11 Defibrillation by AED 12 <input checked="" type="checkbox"/> EKG monitoring	13 Extrication 14 Intubation (EGTA) 15 Intubation (ET) 16 <input checked="" type="checkbox"/> IO/IV therapy 17 Medications therapy 18 <input checked="" type="checkbox"/> Oxygen therapy 19 Obstetrical care/delivery 20 Prearrival instructions 21 Restrained patient 22 Spinal immobilization 23 Splinted extremities 24 Suction/aspirate NN No treatment	Used or deployed by patient. Check all applicable boxes. 0 Safety equipment, other 1 Safety, seat belts 2 Child safety seat 3 Airbag 4 Helmet 5 Protective clothing 6 Flotation device N <input checked="" type="checkbox"/> None U Undetermined
		Check all applicable boxes. 1 Pre-arrival arrest If pre-arrival arrest, was it: 1 Witnessed 2 Bystander CPR 2 Post arrival arrest Initial Arrest Rhythm 0 Initial arrest rhythm, other 1 V-Fib/V-Tach U Undetermined

L1 Initial Level of Provider	L2 Highest Level of Care Provided on Scene	M Patient Status	N EMS Disposition
0 Other health care provider 1 First responder 2 EMT-B (Basic) 3 EMT-I (Intermediate) 4 <input checked="" type="checkbox"/> EMT-P (Paramedic) N No training	0 Other health care provider 1 First responder 2 EMT-B (Basic) 3 EMT-I (Intermediate) 4 <input checked="" type="checkbox"/> EMT-P (Paramedic) N No care provided	1 Improved 3 Worsened Check it: 2 <input checked="" type="checkbox"/> No pulse on transfer	0 Other 1 <input checked="" type="checkbox"/> FD transport to emergency care facility (ECF) 2 Non-FD transport 3 Non-FD transport with FD attendant 4 Non-emergency transfer N Not transported under EMS

A	FDID	State	Incident Date	Station	Incident Number	Exposure	Haz No.	NFIRS-7 Hazmat
	08249	MI	MM 02 DD 01 YYYY 2019	1	19-0318 MUTUAL AID FROM WESTLAND	0	1	

B	HazMat ID	UN Number	Division	CAS Registration Number	Chemical Name
	1016		2.2 Non-flammable	630-08-0	Carbon monoxide

C1 Container Type <input checked="" type="checkbox"/> None Container Type More hazardous materials? Use additional sheets.	C2 Estimated Container Capacity Capacity: by volume or weight C3 Units: Capacity Check one box <table><tr><th colspan="2">VOLUME</th><th colspan="2">WEIGHT</th></tr><tr><td>11 Ounces (liquid)</td><td>21 Ounces (weight)</td><td>11 Ounces (liquid)</td><td>21 Ounces (weight)</td></tr><tr><td>12 Gallons</td><td>22 Pounds</td><td>12 Gallons</td><td>22 Pounds</td></tr><tr><td>13 Barrels (42 gal)</td><td>23 Grams</td><td>13 Barrels (42 gal)</td><td>23 Grams</td></tr><tr><td>14 Liters</td><td>24 Kilograms</td><td>14 Liters</td><td>24 Kilograms</td></tr><tr><td>15 Cubic feet</td><td></td><td>15 Cubic feet</td><td></td></tr><tr><td>16 Cubic meters</td><td></td><td>16 Cubic meters</td><td></td></tr></table>	VOLUME		WEIGHT		11 Ounces (liquid)	21 Ounces (weight)	11 Ounces (liquid)	21 Ounces (weight)	12 Gallons	22 Pounds	12 Gallons	22 Pounds	13 Barrels (42 gal)	23 Grams	13 Barrels (42 gal)	23 Grams	14 Liters	24 Kilograms	14 Liters	24 Kilograms	15 Cubic feet		15 Cubic feet		16 Cubic meters		16 Cubic meters		D1 Estimated Amount Released Amount Released: by volume or weight D2 Units: Released Check one box <table><tr><th colspan="2">VOLUME</th><th colspan="2">WEIGHT</th></tr><tr><td>11 Ounces (liquid)</td><td>21 Ounces (weight)</td><td>11 Ounces (liquid)</td><td>21 Ounces (weight)</td></tr><tr><td>12 Gallons</td><td>22 Pounds</td><td>12 Gallons</td><td>22 Pounds</td></tr><tr><td>13 Barrels (42 gal)</td><td>23 Grams</td><td>13 Barrels (42 gal)</td><td>23 Grams</td></tr><tr><td>14 Liters</td><td>24 Kilograms</td><td>14 Liters</td><td>24 Kilograms</td></tr><tr><td>15 Cubic feet</td><td></td><td>15 Cubic feet</td><td></td></tr><tr><td>16 Cubic meters</td><td></td><td>16 Cubic meters</td><td></td></tr></table>	VOLUME		WEIGHT		11 Ounces (liquid)	21 Ounces (weight)	11 Ounces (liquid)	21 Ounces (weight)	12 Gallons	22 Pounds	12 Gallons	22 Pounds	13 Barrels (42 gal)	23 Grams	13 Barrels (42 gal)	23 Grams	14 Liters	24 Kilograms	14 Liters	24 Kilograms	15 Cubic feet		15 Cubic feet		16 Cubic meters		16 Cubic meters		E1 Physical State When Released 1 Solid 2 Liquid 3 <input checked="" type="checkbox"/> Gas U Undetermined E2 Released Into Air Released Into
	VOLUME		WEIGHT																																																								
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F1 Released From Check all applicable boxes <input checked="" type="checkbox"/> Below Grade <input checked="" type="checkbox"/> Inside/on structure Story of Release 2 Outside of structure	F2 Population Density 1 Urban center - Densely populated 2 Suburban - Predominantly single-family residential <input checked="" type="checkbox"/> residential 3 Rural - Scattered small communities and farms G1 Area Affected 1 Square feet 2 Blocks 3 Square miles Enter Measurement	G2 Area Evacuated <input checked="" type="checkbox"/> None 1 Square feet 2 Blocks 3 Square miles Enter Measurement G3 Estimated Number of People Evacuated G4 Estimated Number of Buildings Evacuated <input checked="" type="checkbox"/> None	I If fire or explosion is involved with a release, which occurred first? 1 Ignition U Undetermined 2 Release J Cause of Release 1 Intentional 2 Unintentional release <input checked="" type="checkbox"/> 3 Container or containment failure 4 Act of nature 5 Cause under investigation U Cause undetermined after investigation
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M Equipment Involved in Release Equipment involved in release Brand Model Serial # Year	N Mobile Property Involved in Release Mobile property involved Mobile property type Mobile property make Model Year License Plate # MI State DOT number/CC number	O HazMat Disposition 1 Completed by fire service only 2 Completed with fire service present 3 Released to local agency 4 Released to county agency 5 Released to state agency 6 Released to federal agency 7 Released to private agency 8 <input checked="" type="checkbox"/> Released to property owner or manager P HazMat Civilian Casualties Deaths 1 Injuries 1
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A	FDID 08249	State MI	Incident Date MM 02 DD 01 YYYY 2019	Station 1	Incident Number 19-0318 MUTUAL AID FROM WESTLAND	Exposure 0	NFIRS-9 Apparatus or Resources
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B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
		Monthly/Day/Year	Hour/Min						
1.	ID E-5	Dispatch	X 02/01/2019	1848	Sent X	2	X Other X Suppression EMS	22	40
	Type 11	Arrival	X 02/01/2019	1856				84	
	Clear	02/02/2019	0301						
2.	ID R-5.1	Dispatch	X 02/01/2019	1848	Sent	2	Other X Suppression X EMS	22	40
	Type 10	Arrival	X 02/01/2019	1856				33	
	Clear	02/02/2019	0301						
3.	ID Eng 8	Dispatch	X 02/01/2019	2138	Sent X	5	X Other X Suppression EMS	86	40
	Type 11	Arrival	X 02/01/2019	2147				84	
	Clear	02/02/2019	0301						
4.	ID 200A	Dispatch	X 02/01/2019	2239	Sent X	1	X Other X Suppression EMS	73	
	Type 92	Arrival	02/02/2019	0018					
	Clear	02/02/2019	0301						

A	FDID 08249	State MI	Incident Date MM 02 DD 01 YYYY 2019	Station 1	Incident Number 19-0318 MUTUAL AID FROM WESTLAND	Exposure 0	NFIRS-10 Personnel
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B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
1	ID E-5 Type 11	Dispatch X	02/01/2019 1848		X	2	Other X Suppression EMS	22 84	40
		Arrival X	02/01/2019 1856						
		Clear	02/02/2019 0301						
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
56	Reeves, Jason	Lieutenant/Paramedic	22	40	84				
36	Stager, Andrew	Capt	22	40	84			81	

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
2	ID R-5.1 Type 10	Dispatch X	02/01/2019 1848			2	Other Suppression X EMS	22 33	40
		Arrival X	02/01/2019 1856						
		Clear	02/02/2019 0301						
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
48	Marlewitz, Troy	Lieutenant	22	40	33				
60	McKee, Cullen	Firefighter/Paramedic	22	40	33				

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
3	ID Eng 8 Type 11	Dispatch X	02/01/2019 2138		X	5	Other X Suppression EMS	86 84	40
		Arrival X	02/01/2019 2147						
		Clear	02/02/2019 0301						
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
46	Caccia, Robert	Lieutenant/Paramedic	86	40	84				
38	Thomas, William	Captain	86	40	84				
33	Wylie, David	Captain/Paramedic	86	40	84				
80	Brehmer, Tavis	FF / Paramedic	86	40	84				
81	Pietrasinski, Kevin	Firefighter/EMT-B	86	40	84				

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
4	ID 200A Type 92	Dispatch X	02/01/2019 2239		X	1	Other X Suppression EMS	73	
		Arrival	02/02/2019 0018						
		Clear	02/02/2019 0301						
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
57	Schneider, Jeremie	Deputy Chief	73						

A	FDID 08249	State MI	Incident Date MM DD YYYY 02 01 2019	Station 1	Incident Number 19-0318 MUTUAL AID FROM WESTLAND	Exposure 0	NFIRS-1S Supplemental
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K1	Person/Entity Involved Local Option Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.	Business Name (if Applicable) Area Code Phone Number Mr., Ms., Mrs. First Name MI Last Name Suffix Number Prefix Street or Highway Street Type Suffix Post Office Box Apt./Suite/Room City State Zip Code
		Huntington Management 248 - 354 - xt16 Kim 25480 Telegraph Southfield MI 48033

K1	Person/Entity Involved Local Option Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.	Business Name (if Applicable) Area Code Phone Number Mr., Ms., Mrs. First Name MI Last Name Suffix Number Prefix Street or Highway Street Type Suffix Post Office Box Apt./Suite/Room City State Zip Code
		Huntington Management 734 - 729 - 7262 Carrie 5757 Hickory Hollow Wayne MI 48184

K2	Owner Local Option Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.	Business Name (if Applicable) Area Code Phone Number Mr., Ms., Mrs. First Name MI Last Name Suffix Number Prefix Street or Highway Street Type Suffix Post Office Box Apt./Suite/Room City State Zip Code
		Huntington Management 734 - 729 - 7262 Carrie 5757 Hickory Hollow Wayne MI 48184

K2	Owner Local Option Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.	Business Name (if Applicable) Area Code Phone Number Mr., Ms., Mrs. First Name MI Last Name Suffix Number Prefix Street or Highway Street Type Suffix Post Office Box Apt./Suite/Room City State Zip Code
		Huntington Management 734 - 729 - 7262 Carrie 5757 Hickory Hollow Wayne MI 48184

A	FDID 08249	State MI	Incident Date MM DD 02 01	YYYY 2019	Station 1	Incident Number 19-0318 MUTUAL AID FROM WESTLAND	Exposure 0	NFIRS-1S Supplemental
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E3 Supplemental Special Studies								
Local Option								
1	Special Study ID#	Special Study Value	2	Special Study ID#	Special Study Value	3	Special Study ID#	Special Study Value
5	Special Study ID#	Special Study Value	6	Special Study ID#	Special Study Value	7	Special Study ID#	Special Study Value
8	Special Study ID#	Special Study Value						

L Additional Remarks	
<p style="margin: 0;">Local Option</p> <p style="margin: 5px 0;">5519 E Hickory Hollow - 13 ppm</p> <p style="margin: 5px 0;">5720 W Hickory Hollow - 21 ppm</p> <p style="margin: 5px 0;">5623 E Hickory Hollow - 5 ppm</p> <p style="margin: 5px 0;">5714 W Hickory hollow</p> <p style="margin: 5px 0;">5787 Wilson - 20 ppm</p> <p style="margin: 5px 0;">5781 Wilson - 5 ppm</p> <p style="margin: 5px 0;">32296 Hamilton - Dryer issue</p> <p style="margin: 5px 0;">5790 Amy - 150 ppm</p> <p style="margin: 5px 0;">5633 Hoover - 9 ppm</p> <p style="margin: 5px 0;">32120 Van Born - 20 ppm</p> <p style="margin: 5px 0;">5786 Amy - 500 ppm</p> <p style="margin: 5px 0;">5675 Hoover - 20 ppm</p> <p style="margin: 5px 0;">5770 Maxine - 25 ppm</p> <p style="margin: 5px 0;">5790 Maxine - 6 ppm</p> <p style="margin: 5px 0;">5778 Amy - 113 ppm</p> <p style="margin: 5px 0;">32128 Hamilton - 50 ppm</p> <p style="margin: 5px 0;">5774 Amy - 78 ppm</p> <p style="margin: 5px 0;">5615 Hoover - 9 ppm</p> <p style="margin: 5px 0;">5621 Hoover - 4 ppm</p> <p style="margin: 5px 0;">32092 Hamilton - 18 ppm</p> <p style="margin: 5px 0;">32087 E Hickory Hollow - 10 ppm</p> <p style="margin: 5px 0;">5701 Hoover - 40 ppm</p> <p style="margin: 5px 0;">5695 Hoover - 5 ppm</p> <p style="margin: 5px 0;">5778 Maxine - 20 ppm</p> <p style="margin: 5px 0;">5783 Maxine - 7 ppm</p> <p style="margin: 5px 0;">32140 Van Born - 14 ppm</p>	